

8069

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Pennsylvania COUNTY Philadelphia			
CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield		LENGTH OF STAY (in this place) 1 year		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia		75X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Main Harbor				STREET ADDRESS (If rural give location) 1501 N. 18th St.		✓	
3. NAME OF DECEASED: (First) MARION (Middle) (Last) CANTY		4. DATE (Month) (Day) (Year) OF DEATH: August 7 1955					
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: Feb. 6, 1924	9. AGE last birthday 31 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Trucking		11. BIRTHPLACE (State or foreign country): Elliott, S. Caroline		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Canty				14. MOTHER'S MAIDEN NAME: Mary McCloud			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: Crisfield Police Dept.—Crisfield, Md.			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
IMMEDIATE CAUSE 929.8		(A) Accidental Drowning -			
ANTECEDENT CAUSE (S)		DUE TO William M. Coulbourn, M. D.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Went swimming & Drowned					
19A. DATE OF OPERATION: August 7, 1955		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, etc.) Crisfield Somerset, Md.		21C. WHERE DID INJURY OCCUR? Swimming about 5 minutes	
21D. TIME (Month) (Day) (Year) (Hour) August 7-1955 12:30		21E. INJURY OCCURRED While <input checked="" type="checkbox"/> at work Not while <input type="checkbox"/> at work		21F. HOW DID INJURY OCCUR? Was swimming & did not come up	
22. I hereby certify that I attended the deceased from 7 1/2 was dead before that I last saw the deceased live on I was called and that death occurred at 12:30 PM , from the causes and on the date stated above.					
SIGNATURE W. M. Coulbourn		ADDRESS Crisfield Md		DATE SIGNED Aug 18-1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 19, 1955		NAME OF CEMETERY OR CREMATORY U.S. National Cemetery	
				LOCATION (City, town, or county) (State) Beverly, New Jersey	
DATE REC'D BY LOCAL REGISTRAR August 18, 1955		REGISTRAR'S SIGNATURE Barlow S. Adams		24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons--Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 22 1965

BUREAU V. S.

RECEIVED
BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

8972

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		12 hours		OR TOWN Manokin		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Mem. Hospital				STREET ADDRESS (If rural give location) Box 73			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
Infant Collins				Aug. 11, 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR	IF UNDER 24 HRS.		
Male	Colored	Infant	Aug. 11, 1955	1 day	XX	Months	Days
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
		Infant		U.S.A. Md.		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Hudson Riley Collins				Catherine Collins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
				"Mother" Catherine Collins			

18. MEDICAL CERTIFICATION						Interval Between Onset And Death	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						17 hrs.	
762.0 Immediate cause (a) atelectasis							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
m.							
22. I hereby certify that I attended the deceased from Aug. 11, 11: A.M. to Aug. 11, 11: P.M. 1955; that I last saw the deceased alive on Aug. 11, 1955, and that death occurred at 11: P.M., from the causes and on the date stated above.							
SIGNATURE				ADDRESS			
George B. Collins				Marion Sta. Maryland 8-12-55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Aug. 11, 1955		Family Cemetery		Manokin, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Aug. 12, 1955		Nellie D. Payne		Hudson Riley Collins, Father, Acting Funeral Director			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 22 1955

BUREAU V. R.

8073

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>MD.</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Wenona</u>	LENGTH OF STAY (in this place) <u>Life</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Wenona</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>08</u>		STREET ADDRESS (If rural give location) <u>Main Road</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH:	
<u>OLIVE B. CORBETT</u>		<u>Aug 9 1955</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>Sept 17-1874</u>
9. AGE last birthday <u>80</u> yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housekeeper</u>		10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <u>Wenona Md</u>
13. FATHER'S NAME: <u>WESLEY WEBSTER</u>		14. MOTHER'S MAIDEN NAME: <u>SMITH CAREW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S ADDRESS: <u>James Corbett - son Wenona Md</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Cerebral vas. accident</u>			<u>8 months</u>
ANTECEDENT CAUSE (B) <u>arteriosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Dehydration</u>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>54</u> to <u>Aug</u> , 19 <u>55</u> that I last saw the deceased alive on <u>May</u> , 19 <u>55</u> , and that death occurred at <u>7:10</u> P. M., from the causes and on the date stated above.			
SIGNATURE <u>Leo M. Hensley</u>		M. D. <u>Princess Anne Md</u> DATE SIGNED <u>8-12-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>8/12/55</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Wenona Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>7/15/55</u>		REGISTRAR'S SIGNATURE <u>Leo M. Hensley</u>	
		24. FUNERAL DIRECTOR <u>Earl Blaupied</u>	
		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 18 1955

BUREAU V. S.

08075

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8074

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>5 hours</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u> <u>39</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>79 McCready Hospital</u>				STREET ADDRESS (If rural give location) <u>Charlotte Ave.</u>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <u>HARRY</u>		(Middle) <u>GLADSTONE</u>		(Last) <u>CROCKETT</u>		OF DEATH: <u>August 21</u> <u>19 55</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>		8. DATE OF BIRTH: <u>1915</u>	
9. AGE last birthday: <u>40</u> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Seafood Industry</u>		11. BIRTHPLACE (State or foreign country): <u>Tangier Island, Va.</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA</u>	
13. FATHER'S NAME: <u>Herman Crockett</u>				14. MOTHER'S MAIDEN NAME: <u>Blanche E. Crockett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Automobile accident</u>							
ANTECEDENT CAUSE (B) <u>Fractured Skull - Internal Injury - Shock</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Automobile Collision</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>None</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, etc.) WHERE DID INJURY OCCUR? <u>On Road 1/2 mile N. of Crisfield</u>			
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>near Marion Sorn. Md.</u>							
21D. TIME (Month) (Day) (Year) (Hour) <u>Aug 20 1955</u> M. <u>11:30</u>				21E. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input checked="" type="checkbox"/> at work			
21F. HOW DID INJURY OCCUR? <u>Collision Automobile</u>							
22. I hereby certify that I attended the deceased from <u>He was called</u> and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>Wm. H. Hearnshaw</u>				DATE SIGNED <u>Aug 22-1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>Aug. 23, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u>	
24. FUNERAL DIRECTOR <u>Bradshaw & Sons—Crisfield, Md.</u>				ADDRESS			
DATE REC'D BY LOCAL REGISTRAR <u>Aug 23, 1955</u>				REGISTRAR'S SIGNATURE <u>Bartola S. Adams</u>			

William H. Crockett, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 25 1955

BUREAU V. S.

8075

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		LENGTH OF STAY (in this place) 30 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCreedy Hospital				STREET ADDRESS (If rural give location) 207 7th St.			
3. NAME OF DECEASED: (First) (Middle) (Last) CORRINE ROSA HANDY				4. DATE (Month) (Day) (Year) OF DEATH: August 11 1955			
5. SEX: female	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married	8. DATE OF BIRTH: October 6, 1931	9. AGE last birthday: 23 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer		10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry		11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Buster Snow				14. MOTHER'S MAIDEN NAME: Gladys Purnell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) —		17. INFORMANT & ADDRESS: Richard Handy-207 7th St., Crisfield, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) 576X Intestinal obstruction						7 days	
ANTECEDENT CAUSE (B) Staphylococcus peritonitis						34 wks.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: July 26		19B. MAJOR FINDINGS OF OPERATION: intestinal adhesions, Peritonitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 26, 1955 , to Aug 11, 1955 , that I last saw the deceased alive on Aug 11, 1955 , and that death occurred at 12:15 M. from the causes and on the date stated above.							
SIGNATURE C. Rawley		M. D. Crisfield, Md.		DATE SIGNED 8/11/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 13, 1955		NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR Aug 8/12/55		REGISTRAR'S SIGNATURE Betty Taylor		24. FUNERAL DIRECTOR Bradshaw & Sons--Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 4

AUG 15 1955

RECEIVED

8076

CERTIFICATE OF DEATH

Reg. Dist. No. 265.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		LENGTH OF STAY (in this place) 1 week		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital				STREET ADDRESS (If rural give location) Cove St.			
3. NAME OF DECEASED: (First) ROBERT (Middle) L. (Last) HARLOW				4. DATE (Month) (Day) (Year) OF DEATH: August 10 19 55			
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: 1887	9. AGE last birthday: 68 yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer			10B. KIND OF BUSINESS OR INDUSTRY: Seafood Plant		11. BIRTHPLACE (State or foreign country): Roanoke, Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: unknown				14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.: 216-05-3196		17. INFORMANT & ADDRESS: McCready Hospital—Crisfield, Md.		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Carcinoma bowel Esoph							unknown
ANTECEDENT CAUSE (B) site uncertain							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 1 , 19 55 to Aug 10 , 19 55 , that I last saw the deceased alive on Aug 10 , 19 55 , and that death occurred at 1:55p M, from the causes and on the date stated above.							
SIGNATURE J. Rawley			ADDRESS Crisfield, Md			DATE SIGNED 5/10/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF August 12, 1955	NAME OF CEMETERY OR CREMATORY Crisfield, Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.		
DATE REC'D BY LOCAL REGISTRAR Aug 12, 1955		REGISTRAR'S SIGNATURE Barbara S. Reddick		24. FUNERAL DIRECTOR Bradshaw & Sons—Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

8-10-1944

10-10-1944

08078

8977

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

Item 9, Film 185 8-16-55 et

1. PLACE OF DEATH COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Monie</u> TOWN <u>Monie</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Monie</u> TOWN <u>Monie</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Henry Thomas Hopkins</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>August 5 1955</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 3, 1881</u> 9. AGE last birthday <u>74 73 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>George H. Hopkins</u>		14. MOTHER'S MAIDEN NAME <u>Martha Shores</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>215-20-0291</u>	
17. INFORMANT <u>Mrs. Henry Hopkins</u>		18. ADDRESS <u>Monie, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> Immediate cause (a) <u>Acute coronary occlusion -</u> Antecedent cause(s) (b) <u>Dead when I saw him</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		
SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D. Deputy Medical Examiner</u>		ADDRESS <u>[Address]</u> DATE SIGNED <u>August 6-55</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>8-7-1955</u>	NAME OF CEMETERY OR CREMATORY <u>Oriole Cemetery</u>
LOCATION (City, town, or county) <u>Oriole, Maryland</u>	(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>8/6/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>Levin R. Wilson</u>
ADDRESS <u>Princess Anne, Md</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write full causes of death clearly and legibly.



8078

CERTIFICATE OF DEATH

Reg. Dist. No. 265

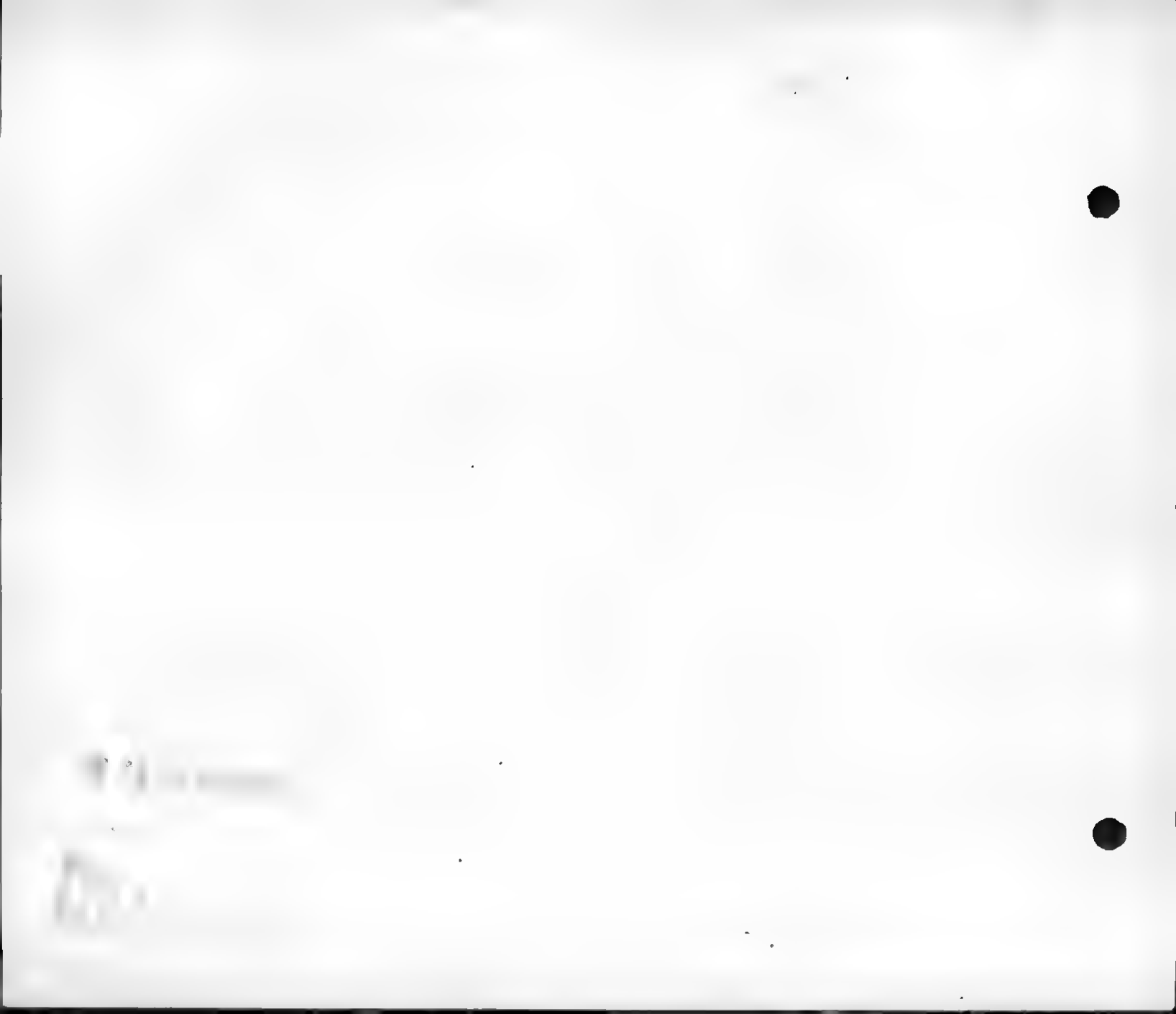
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Rehobeth		lifetime		TOWN Rehobeth X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
08							
3. NAME OF DECEASED:		(First)		(Middle)		(Last)	
(Type or Print)		BESSIE		McCARTER		JENKINS	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
Female		Colored		married		Jan. 1, 1924	
9. AGE last birthday		10. MONTHS		11. DAYS		12. HOURS	
31 yrs.							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:			
laborer				Farming			
11. BIRTHPLACE (State or foreign country):				12. CITIZEN OF WHAT COUNTRY?			
Cambridge, Maryland				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Elwood McCarter				Maggie Whittington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
no							
17. INFORMANT & ADDRESS:							
Mrs. Maggie W. Hill--Rehobeth, Md.							

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
521X IMMEDIATE CAUSE (A)				Lung Abscess	
ANTECEDENT CAUSE (B)				DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				DUE TO	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				6 years	
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 22, 1955, to Aug 27, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 4:55am, from the causes and on the date stated above.					
SIGNATURE		ADDRESS		DATE SIGNED	
A. N. Ban		Crisfield, Md.		8/28/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		Aug. 29, 1955		Marumsco Cemetery	
LOCATION (City, town, or county) (State)		Marumsco, Md.			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
Aug. 29, 1955		Barbara S. Adams		Bradshaw & Sons--Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



8079

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Crisfield</u>		<u>2 days</u>		TOWN <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STREET ADDRESS (If rural give location) <u>Broadway</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
DECEASED: (Type or Print) <u>MABLE</u> <u>LANE</u>				OF DEATH: <u>August 21</u> <u>19 55</u>			
5. SEX.	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>Colored</u>	<u>single</u>	<u>1903</u>	<u>52</u> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Seafood Industry</u>		11. BIRTHPLACE (State or foreign country): <u>Marumsc, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>John E. Lane</u>				14. MOTHER'S MAIDEN NAME: <u>Florence Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u></u>			
17. INFORMANT & ADDRESS: <u>Doris Lane—Crisfield, Md.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
157X IMMEDIATE CAUSE (A) <u>Carcinoma pancreas</u>						<u>3-4 mo.</u>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Jaundice</u>						<u>10 days</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 1, 1955</u> to <u>Aug 21, 1955</u> , that I last saw the deceased alive on <u>Aug 21, 1955</u> , and that death occurred at <u>2:20 a.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>Dr. Krawley M. W.</u>		M. D. <u>Crisfield, Md.</u>		DATE SIGNED <u>Aug 22, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 22, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Lawsonia Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Aug 22, 1955</u>		REGISTRAR'S SIGNATURE <u>Bradshaw S. Adams</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw & Sons—Crisfield, Md.</u>			

BUREAU V. S.

AUG 23 1955

RECEIVED

8070

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN <u>Crisfield</u>		lifetime		OR TOWN <u>Crisfield</u>		37	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
10 Maple St.				Maple St.			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <u>IVA</u>		(Middle) <u>MAE</u>		(Last) <u>PARKS</u>		OF DEATH. <u>August 8 1955</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>		8. DATE OF BIRTH: <u>Jan. 15, 1875</u>	
				9. AGE last birthday <u>80</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>housewife</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Md.</u>	
13. FATHER'S NAME: <u>Thomas Dize</u>				14. MOTHER'S MAIDEN NAME: <u>Martha Miles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS: <u>Norris Tawes-N. Somerset Ave.-Crisfield, Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <u>Coronary Disease</u>							
ANTECEDENT CAUSE (B) <u>Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>(Obstruction)</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Natural Cause</u>							
19A. DATE OF OPERATION: <u>✓</u>				19B. MAJOR FINDINGS OF OPERATION <u>✓</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE (City or town) INJURY OCCURRED?			
				<u>William H. Coulbourn, M.D.</u>			
				<u>DEPUTY MEDICAL EXAMINER</u>			
				<u>SOMERSET COUNTY, MD.</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased <u>she was dead before I was called</u> <u>19...</u> , and that death occurred at <u>3:45 P.M.</u> from the causes and on the date stated above.							
SIGNED <u>William H. Coulbourn</u> M.D. <u>Crisfield Somerset Md</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Aug. 10, 1955</u>		<u>Crisfield Cemetery</u>		<u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Aug 10, 1955</u>		<u>Bartow S. Adams</u>		<u>Bradshaw & Sons-Crisfield, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE UNIVERSITY OF CHICAGO

LIBRARY

1311 East 58th Street
Chicago, Illinois 60637

8071

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>S. First St.</u>				STREET ADDRESS (If rural give location) <u>S. First St.</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <u>ELLSWORTH</u>		(Middle) <u>THOMAS</u>		(Last) <u>POWELL</u>		(Month) (Day) (Year) <u>August 19 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>	8. DATE OF BIRTH: <u>Jan. 29, 1893</u>	9. AGE last birthday <u>62</u> yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>plumber</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Plumbing</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>Isaac Powell</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Myster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>yes WW I</u>				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: <u>S. First St.</u> <u>Mrs. Annie M. Powell—Crisfield, Md.</u>							
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>150X</u>				(A) <u>Hemorrhage from Chest</u>			
ANTECEDENT CAUSE (S)				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) <u>Carcinoma of Esophagus</u>			
				DUE TO			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>May 1955</u>				19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma (U.S.P.H.S. 14p. Balt., Md.)</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar. 26, 1955</u> to <u>Aug. 19, 1955</u> , that I last saw the deceased alive on <u>Aug. 19, 1955</u> , and that death occurred at <u>3:45 p.m.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. W. Bam</u>				ADDRESS <u>Crisfield, Md.</u>		DATE SIGNED <u>Aug. 24, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 21, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>American Legion Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Aug 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Barbara S. Adams</u>		24. FUNERAL DIRECTOR <u>Bradshaw & Sons—Crisfield, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

COPIES 4. 2.

AUG

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8080
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 08083
No. 260

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Dames Quarter</u> TOWN <u>Dames Quarter</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>107</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits write RURAL and give nearest town) <u>Dames Quarter</u> OR TOWN <u>Dames Quarter</u> STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED: (Type or Print) <u>Clara Rosina Wallace</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>Aug 2</u> 19 <u>55</u> (Month) (Day) (Year)	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Aug 1 - 1955</u>
9. AGE last birthday: <u>1</u> yrs. <u>7</u> Months <u>7</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Bob's</u>	
11. BIRTHPLACE (State or foreign country): <u>Dames Quarter Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Adolphe Wallace</u>		14. MOTHER'S MAIDEN NAME: <u>Marlene Whigfall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>Adolphe Wallace Dames Quarter Md</u>	
17. INFORMANT & ADDRESS: <u>Adolphe Wallace Dames Quarter Md</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>757.3</u> Immediate cause <u>Pneumonia</u> Antecedent cause(s) <u>Picornate uterus</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>R.H. Johnson</u> CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>Aug 2 - 55</u> M. D. DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Aug 2 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Dames Quarter Cem.</u>		LOCATION (City, town, or county) (State) <u>Dames Quarter, Md.</u>	
DATE REC'D BY LOCAL REG. <u>8/3/55</u>		REGISTRAR'S SIGNATURE <u>R.H. Johnson M.D.</u>	
24. FUNERAL DIRECTOR <u>Adolphe J. Wallace (father)</u>		ADDRESS <u>Dames Quarter, Md.</u>	

BUREAU V. S.

AUG 4 1955

RECEIVED

8081

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Rehobeth		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) Rehobeth			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) SILAS		(Middle)		(Last) WHITTINGTON		OF DEATH: August 19 1955	
5. SEX: Male		6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed		8. DATE OF BIRTH: 1885	
9. AGE last birthday 70 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer		10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	
11. BIRTHPLACE (State or foreign country): Rehobeth, Md.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: James H. Meeshack				14. MOTHER'S MAIDEN NAME: Mary Tilghman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS: John H. Whittington—Rehobeth, Md.							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Cerebral Vascular Accident						2 days	
ANTECEDENT CAUSE (B) Generalized Arteriosclerosis & Hypertension						sew. years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostatic Hypertrophy, Cystitis						one month	
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/22 , 19 53 , to 8/19 , 19 55 ; that I last saw the deceased alive on 8/12 , 19 55 , and that death occurred at 11:30 P. , from the causes and on the date stated above.							
SIGNATURE A. N. Ban				M. D. Crisfield, Md.		DATE SIGNED 8/22/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF August 22, 1955		NAME OF CEMETERY OR CREMATORY Marumsco Cemetery		LOCATION (City, town, or county) (State) Marumsco, Md.	
DATE REC'D BY LOCAL REGISTRAR August 22, 1955		REGISTRAR'S SIGNATURE Bartara L. Adams		24. FUNERAL DIRECTOR Bradshaw & Sons—Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 25 1955

BUREAU V. S.